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# MEDDIC into the Dark Funnel

## **The MEDDIC Breakdown**

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When MEDDIC met  
modern buyers

Charles Bartlett | April 2026

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# Introduction

Every experienced sales leader has seen a version of this: a deal that checked every box. The champion was engaged and the pain was identified. The economic buyer was accessible. The business case was solid. And then, without clear cause, it stalled. The champion went quiet. The process dragged out for several weeks. And eventually, the deal closed with a competitor who, by all visible measures, had run a less thorough qualification.

MEDDIC did not fail that deal. The environment did.

Section 1 traced MEDDIC's origins and the specific conditions that made it effective: a world of information asymmetry, concentrated buying authority, and linear procurement governance. Those conditions made the framework not just useful but genuinely powerful. This section argues that three structural shifts, unfolding over roughly fifteen years, systematically dismantled each of those conditions. Information democratization, committee expansion, and the emergence of the Dark Funnel did not expose flaws in MEDDIC's logic. They invalidated the assumptions supporting it.

The implications extend beyond what most sales organizations have yet recognized. Next in Section 3 we will examine what has replaced the visible decision process MEDDIC was built to map.

# The MEDDIC Breakdown

*When MEDDIC Met Modern Buyers*

## The Ground Shifts

In the prior part of this series, a hypothesis was offered that even as MEDDIC reached peak adoption in the mid-2010s, the structural conditions that made it work were quietly eroding. This part makes that argument explicit.

MEDDIC was not undone by poor execution. Sales teams that applied it rigorously still achieved results through the early 2010s. What changed was the environment. Three seismic shifts, each building on the last, dismantled the four structural pillars that MEDDIC depended on:

- linear buying processes.
- information asymmetry favoring the seller.
- concentrated decision authority.
- long discovery cycles.

By the time these shifts fully took hold, they had transformed the core challenge of B2B selling from information delivery to invisible influence.

Understanding these shifts is not an academic exercise. For sales professionals operating in the last 5 years, they explain something that should otherwise feel inexplicable, like:

- why deals that appear fully qualified suddenly collapse.
- why champions go quiet.
- why discovery conversations that once built urgency now seem to create friction.
- and why the final shortlist was set long before the first demo was scheduled.

It is also worth clarifying the scope before proceeding. MEDDIC's misalignment with buyers is not uniform across all market segments. All segments are affected; however, the largest enterprise deals of

***The collapse of MEDDIC's operating environment did not happen overnight. It unfolded across roughly fifteen years in three distinct waves, each one compounding the effects of the last.***

seven-figure-plus contracts, with formal procurement governance, dedicated vendor evaluation teams, and multi-quarter sales cycles, some of the MED-DIC elements retain structural relevance. It is in the mid-market and commercial SaaS segments, where annual contract values typically range from \$25,000 to \$250,000, that the misalignment is most acute. These segments have seen the fastest expansion of buying committees, the sharpest compression of sales cycles, and the most dramatic shift toward buyer-led, anonymous digital research. This is also where the majority of B2B SaaS growth has occurred over the past decade. So while the critique that follows applies broadly, it is in these segments where the stakes are highest, and the cost of methodological misalignment with buyers is most likely.

***By the mid-2010s, a meaningful share of buyers were entering their first vendor conversation not as information-seekers but as validators. Buyers who had already done their homework were testing whether the seller could keep up.***

## The Three Seismic Shifts

The collapse of MEDDIC's operating environment did not happen overnight. It unfolded across roughly fifteen years in three distinct waves, each one compounding the effects of the last.

### **Shift 1: Information Democratization (2010–2015)**

In Part 1, we established that MEDDIC's 'Identify Pain' pillar derived much of its power from information asymmetry. Sellers were educators. They revealed problems buyers didn't know they had, using structured discovery to surface latent pain and establish urgency. This worked because buyers had no alternative source of comparable insight.

Between 2010 and 2015, that advantage evaporated. The proliferation of peer review platforms like G2, TrustRadius, Capterra, and their predecessors gave

buyers direct, unmediated access to the experiences of thousands of existing customers. Vendor-neutral content marketing exploded. LinkedIn became a peer-to-peer intelligence network. Analyst firms began publishing more accessible, public-facing research. And for the first time, a buyer could walk into a discovery call having already mapped competitive alternatives, reviewed implementation horror stories, and formed a hypothesis about their own ROI.

The implications for MEDDIC's discovery-heavy approach were immediate and severe. By the mid-2010s, a meaningful share of buyers were entering their first vendor conversation not as information-seekers but as validators. Buyers who had already done their homework were testing whether the seller could keep up.

The statistics that emerged from this era, and have only grown more stark since, tell a consistent story. According to 6sense's 2025 Buyer Experience Report, which surveyed nearly 4,000 B2B buyers globally, the point of first contact between buyer and seller now occurs, on average, when buyers are 61% of the way through their buying journey [8]. That figure is down from 69% in 2024, a compression driven primarily by buyers' need to clarify the AI capabilities embedded in solutions. But the baseline remains that sellers enter the conversation well past the midpoint of the decision cycle. Gartner's parallel research, drawing on a 2024 survey of 632 B2B buyers, reaches a broadly consistent conclusion. Buyers prefer digital, self-service research channels for the majority of their evaluation work. And 61% prefer a rep-free buying experience overall [14].

It is important to note that different studies report different percentages of the buying journey that occurs before seller engagement, ranging from 60% to 80%, depending on the source. These differences

**94%**

*vendors ranked during selection before engaging with sellers*

**80%**

*vendors ranked first in the seller pre-contact stage win the deal*

reflect genuine methodological variation. For example, 6sense measures the point of first contact as a percentage of total journey length. Whereas Gartner measures task completion and channel preference. And other studies use different definitions of 'engagement.' But the directional conclusion across all credible sources is consistent. The majority of consequential evaluation, problem definition, competitive shortlisting, and vendor preference formation occurs before a sales rep enters the picture. The precise percentage is less important than what it means for how sellers must operate.

What this means for sellers is that by the time a buyer requests a demo or responds to outreach, they have typically already formed a strong preference. 6sense's 2025 data shows that buyers rank their vendor shortlist by preference before engaging sellers 94% of the time. And the vendor ranked first at the end of this pre-contact selection phase wins the deal in approximately 80% of cases [8]. Traditional discovery, which was designed to educate and qualify, now often arrives too late to shape the shortlist that has already been set.

***A single executive with genuine unilateral authority. That archetype has not disappeared, but it has been reshaped. In most modern B2B purchases, no individual holds unilateral approval authority.***

## **Shift 2: Committee Expansion (2015–2020)**

The second shift that struck at MEDDIC's Economic Buyer pillar is the assumption that a single executive could authorize major purchases. Throughout the late 1990s and 2000s, this assumption held. A VP of Engineering or CIO with departmental authority could, and regularly did, approve six- or seven-figure software contracts. MEDDIC's strategy of building a Champion to access that individual and align the pitch to their priorities was legitimate and often sufficient.

Beginning around 2015, enterprise software procurement underwent a structural transformation driven by three forces operating in parallel. First, the SaaS model itself expanded software's surface area with-

in organizations. Instead of a single monolithic ERP owned by IT, companies now run dozens of specialized platforms spanning marketing, sales, operations, finance, legal, and security. This fragmentation made cross-functional impact inevitable and cross-functional sign-off unavoidable.

Second, CFOs and procurement organizations, burned by high-profile implementation failures and shelfware, began inserting formal controls into technology purchases that had previously bypassed their scrutiny.

Third, the consumerization of software democratized opinions. End-users who had strong preferences based on personal experience with consumer tools now had a voice in the evaluation process. During a demo, an operational employee or supervisor now also has a voice in the selection process.

The statistical result of these forces is striking. Gartner's 2024 survey of B2B buyers found that modern buying groups range from five to sixteen people spanning as many as four organizational functions [13]. Forrester's State of Business Buying research places the average buying committee at thirteen stakeholders, with 89% of buying decisions crossing multiple departments [12]. At the enterprise tier, Google research has identified buying groups averaging 17 participants for major technology acquisitions [11]. The 6sense 2025 report confirms that buying groups of 10 or more members are now routine in deals, with a median purchase value of \$200,000–\$300,000 [8].

The implications for MEDDIC are profound. When the methodology was codified, the Economic Buyer was a real archetype. A single executive with genuine unilateral authority. That archetype has not disappeared, but it has been reshaped. In most modern B2B purchases, no individual holds unilateral approval authority. Budget authority is dispersed among a

***Consensus is not a byproduct of good selling. It is the output of deliberate, cross-functional alignment work that MEDDIC's original framework never equipped sellers to facilitate.***

finance partner, IT security, legal review, an executive sponsor, and a business unit owner. Each of whom has effective veto power over different elements of the decision. Identifying the 'Economic Buyer' in MEDDIC's original sense often means identifying a consensus architect rather than a single decision-maker. And consensus, as the research makes clear, is neither easy nor automatic.

Rogers and Blenko documented this structural problem in their study of organizational decision-making, 'Who has the D? How Clear Decision Roles Enhance Organization Performance' (Harvard Business Review). Finding that when too many people hold veto authority, decisions stall inside the organization rather than moving forward. A pattern they observed across business functions and seniority levels alike [33].

According to Gartner's May 2025 press release, 74% of B2B buyer teams demonstrate 'unhealthy conflict' during the purchasing decision process. Meaning that buying team members have conflicting objectives, disagree on the best course of action, or are overruled by external decision-makers [13]. The same study found that buying groups that successfully reach consensus are 2.5 times more likely to report that their deal was high-quality.

Consensus is not a byproduct of good selling. It is the output of deliberate, cross-functional alignment work that MEDDIC's original framework never equipped sellers to facilitate.

### **The Executive Override Dynamic**

Executive override authority exists on paper but has become increasingly costly to exercise in practice. As buying committees expanded across functions and seniority levels, the social and organizational cost of a senior executive unilaterally overriding a cross-functional consensus rose sharply. Champions who once could rely on a single Economic Buyer to cut through internal disagreement now operate in environments

***Research consistently demonstrates that when employees are excluded from technology selection decisions, they experience a loss of psychological ownership over the outcome.***

where that same executive is reluctant to alienate the procurement leads, department heads, IT architects, and end-user representatives who participated in the evaluation process.

Vajre and Spett, writing in *ABM is B2B*, put the scale of this shift in concrete terms.

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***“The B2B buying process looks completely different than it did even a few years ago, and it’s becoming continually more complex. In the past two years, the number of stakeholders involved in the purchase decision has increased 26%”***

S. Vajre and E. Spett, *ABM is B2B* [34]

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That figure, drawn from conditions circa 2017, now understates a trend that Gartner, Forrester, and 6sense data confirm has continued accelerating into the 2020s.

This reluctance is not merely political. Implementation depends on end users’ daily behavior, not on the signature on the contract. Research consistently demonstrates that when employees are excluded from technology selection decisions, they experience a loss of psychological ownership over the outcome. And psychological ownership is among the strongest predictors of voluntary adoption behavior [29]. A unilateral executive override effectively strips the implementation of the buy-in it needs to succeed, converting a signed contract into a deferred churn risk.

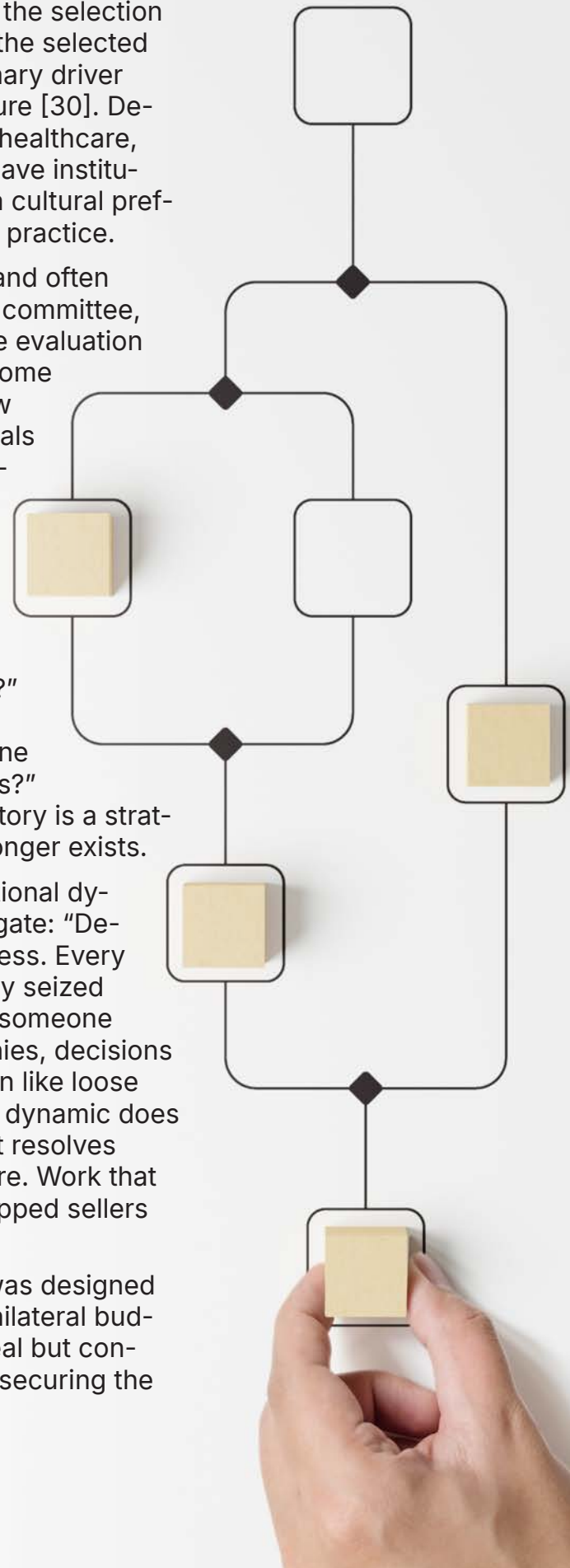
The organizational learning that produced this caution is well-documented across industries. In enterprise healthcare technology, one of the most extensively studied domains for large-scale software implementation, the finding that centralized, top-down decision-making negatively impacts adoption is not an isolated observation. But a widely corroborated conclusion. Replicated across peer-reviewed studies spanning multiple countries and institutional contexts [30]. Faber, van Geenhuizen, and de Reuver’s structural equation modeling study of Dutch hospi-

tals found that excluding end users from the selection process leads to misalignment between the selected system and existing workflows. The primary driver of end-user resistance and adoption failure [30]. Decades of implementation failures across healthcare, financial services, and enterprise SaaS have institutionalized end-user participation not as a cultural preference but as a formal risk-management practice.

For sellers, the implication is significant and often underappreciated: in the modern buying committee, every stakeholder who participates in the evaluation must be treated as a decision maker to some degree. An end user who raises workflow concerns, a mid-level manager who signals reservation in a group demo, or a department head who withholds enthusiasm during reference checks; each of these individuals carries the capacity to stall, derail, or quietly undermine a purchase even after executive sign-off has been secured. The question is no longer simply "do we have the Economic Buyer?" but "have we earned sufficient commitment across the people who will determine whether this investment succeeds or fails?" Optimizing solely for the executive signatory is a strategy built for a procurement era that no longer exists.

Rogers and Blenko capture the organizational dynamic that makes this so difficult to navigate: "Decisions are the coin of the realm in business. Every success, every mishap, every opportunity seized or missed is the result of a decision that someone made or failed to make. At many companies, decisions routinely get stuck inside the organization like loose change" [33]. In buying committees, this dynamic does not resolve itself through better selling. It resolves through deliberate consensus architecture. Work that MEDDIC's original framework never equipped sellers to perform.

MEDDIC's Economic Buyer component was designed to identify and secure the person with unilateral budget authority. In 2026, that authority is real but constrained. Securing the signature without securing the



committee is not a win. It is a liability deferred to the implementation phase. In the peer-review era of B2B purchasing, a signed contract with a resistant user base is not a closed deal. It is deferred churn.

### Shift 3: The Dark Funnel Emerges (2020–Present)

The third shift is the most recent and, for sales professionals operating today, the most operationally consequential. It is also the least visible. Which is precisely what makes it dangerous.

As peer review platforms matured and enterprise software buying became more committee-driven, a parallel change was occurring in the channels through which buyers conducted their research. Traditional research like analyst reports, vendor websites, formal RFPs, and reference calls were increasingly supplemented, and in some cases replaced, by what researchers have come to call the 'Dark Funnel'. A vast ecosystem of B2B influence that operates outside the reach of vendor attribution models.

The Dark Funnel includes private Slack communities and industry Discord servers where practitioners share unvarnished vendor experiences. It includes podcast episodes consumed during commutes. It includes LinkedIn comment threads where peers debate implementation approaches. It includes Reddit discussions, Quora answers, and community forums within industry networks. And increasingly, a development that has accelerated dramatically since 2022, it includes conversations with large language models that buyers use to synthesize vendor comparisons, draft RFP criteria, and evaluate the credibility of vendor claims.

6sense's 2025 research found that 94% of B2B buyers used large language models during their buying process, primarily in the middle of the journey to compare vendor offerings and synthesize review

**95%**  
*of winning vendors are  
already on the customer's  
Day 1 shortlist*  
- 6Sense, 2025 Research

information [8]. Critically, these LLM interactions are entirely invisible to vendor attribution models. A buyer who spent four hours working through a competitive analysis using an AI assistant, who arrived at a strong vendor preference based on that analysis, appears in the vendor's CRM as having had zero prior engagement until they submitted a demo request. From MEDDIC's perspective, this buyer appears to be a blank slate. In reality, they arrived with a ranked shortlist and a set of convictions that are deeply resistant to the kind of interrogative discovery MEDDIC prescribes.

The practical consequence is stark: 6sense's research found that 95% of the time, the winning vendor is already on the buyer's Day One shortlist. The vendor preferences formed before any seller engagement. The window of opportunity to shape vendor preference is almost entirely pre-contact [8]. By the time MEDDIC's discovery process begins, the most consequential competitive positioning has already occurred in channels the seller cannot see and did not influence.

***By the time a buyer is willing to schedule a discovery call and walk a rep through their 'decision process,' that process has already been shaped by weeks or months of invisible evaluation.***

## Where MEDDIC Fails in 2026

The three seismic shifts described above did not merely complicate how sellers used the MEDDIC methodology. They invalidated four of its foundational assumptions, each with a significant problem to overcome.

### **Problem 1: The 'Decision Process' Is Now Hidden**

MEDDIC's Decision Process pillar assumes that complex B2B purchases follow a documentable, governance-driven approval workflow. That starts with needs assessment and sequentially flows from RFP,

to proof-of-concept, negotiation, and eventually executive sign-off. The seller's role is to map these stages, identify the gatekeepers at each phase, and align their activities accordingly. In the 1990s, this was a reasonable description of how enterprise purchases actually worked.

Fast forward to today, and the formal decision process that buyers describe to sellers is often a post-hoc rationalization of a decision that has already been substantially made. The real decision process, the one that determines which vendors make the shortlist, which are eliminated, and which arrive at formal evaluation with a decisive advantage, happens long before the first meeting in the channels mentioned earlier:

- peer networks
- review platforms
- LLM-assisted research
- internal chat threads

It happens anywhere that team members can come together independently (public or private) to share vendor impressions they've gathered. By the time a buyer is willing to schedule a discovery call and walk a rep through their 'decision process,' that process has already been shaped by weeks or months of invisible evaluation.

6sense's 2025 data reinforces this diagnosis with precision: 94% of buyers had already ordered their vendor shortlist by preference before their first seller engagement, and the vendor ranked first at that moment wins the deal approximately 80% of the time [8]. A sales rep diligently mapping the 'Decision Process' in week two of a deal is mapping the final approval stages of a process that has already moved through its most consequential phases without them.

### **Problem 2: 'Identify Pain' Arrives Too Late**

MEDDIC's Identify Pain pillar was designed for a world in which buyers arrive at sales conversations with

***In either case, the interrogative approach that MEDDIC prescribes generates friction at the exact moment when trust needs to be built.***

latent, unarticulated problems. The skilled seller's job was to surface those problems through structured questioning, quantify their impact, and use the resulting urgency to drive the deal forward. The discovery questions at the heart of this pillar were designed to educate and provoke. For example, questions like:

- 'What happens if you don't solve this problem in the next 90 days?'
- 'How much is this costing you today?'

They were also designed for a buyer who needed the education. That buyer no longer reliably exists. Research from Corporate Visions, drawing on analysis of over 600 B2B buyers, reveals a troubling pattern. Buyers increasingly arrive at seller conversations having already self-diagnosed their problem and self-selected a solution category. But they have done so imperfectly. The data shows an average of 54.5% misalignment between how sellers and buyers perceive the core problem to be solved [9]. Buyers are not blank slates waiting to be educated. They are often partially educated in ways that are factually incomplete or strategically misdirected.

The practical consequence is that MEDDIC's classic discovery questioning now lands in one of two damaging ways. If the buyer has self-diagnosed correctly, the questions signal that the rep is behind the buyer's research curve. A credibility-destroying first impression. If the buyer has self-diagnosed incorrectly, the questions arrive too late and too bluntly to achieve the gentle reframing that the situation requires. Buyers who have invested significant effort in forming a problem definition are resistant to having it challenged by a salesperson asking baseline discovery questions. In either case, the interrogative approach that MEDDIC prescribes generates friction at the exact moment when trust needs to be built.

***As buying groups grew from five to ten, thirteen, or seventeen stakeholders, the political cost of championing a vendor rose dramatically.***

### **Problem 3: The Champion Paradox**

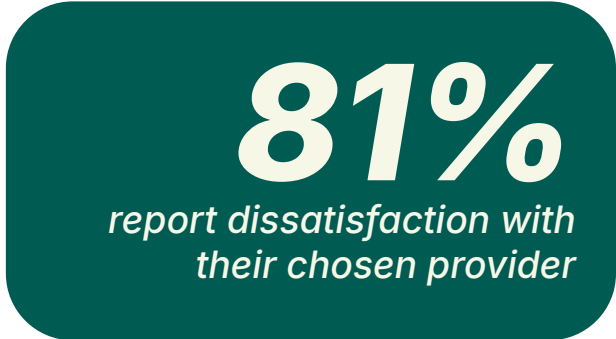
The Champion pillar is perhaps MEDDIC's most elegantly designed element. The concept of identifying an internal advocate who has power, credibility, and a vested interest in the seller's success. Testing that advocacy through progressively larger asks has an internal logic that remains compelling in principle.

What has changed is not the concept, but the environment in which Champions must operate. In the 1990s, a VP-level Champion could meaningfully advocate for a vendor because decision authority was relatively concentrated and the political cost of championing a vendor was manageable. If the purchase succeeded, the Champion earned credit. If it failed, the consequence was absorbed within a relatively small stakeholder circle.

This calculus has been completely transformed by committee expansion. As buying groups grew from five to ten, thirteen, or seventeen stakeholders, the political cost of championing a vendor rose dramatically. A Champion operating in a modern buying committee is not simply advocating to a single executive. They are defending a position to colleagues from IT, legal, finance, security, operations, and business unit leadership. Each of whom has independently gathered information, formed their own views, and carries effective veto power. A failed advocacy in this environment does not just damage a single relationship; it damages the Champion's credibility across the entire buying committee and potentially beyond it.

Vajre and Spett identified the practical consequence of this shift for vendor engagement strategy: "With the ABM = B2B mindset, you must look at how all stakeholders (i.e., the entire buying committee) are engaging with your brand, even if they've never filled out a form on your website" [34]. The implication for MEDDIC is direct: a single Champion, however committed, is no longer sufficient coverage for a buying process distributed across a committee where every member carries effective veto authority.

The rational response for someone in this position



is not bold advocacy but cautious consensus-building. Research on post-purchase cognitive states in B2B buying confirms that fear of decision regret is a dominant psychological force in modern buying committees [28]. Buyers and internal advocates alike are acutely aware that nearly 81% of B2B buyers report dissatisfaction with their chosen provider [9]. Champions who are aware of these failure rates, and most experienced buyers are, have strong incentives to be cautious, hedge, and defer to committee consensus rather than put their credibility on the line. The result is a Champion who looks the part in early conversations but fails to perform the advocacy behaviors that MEDDIC depends on when the moment of decision arrives.

#### **Problem 4: Metrics Become Table Stakes**

MEDDIC's Metrics pillar was a genuine competitive differentiator in an era when quantified ROI analysis was rare in sales conversations. Teaching sellers to anchor discussions in business outcomes like cost savings, revenue growth, and risk reduction. Building joint business cases with economic buyers was genuinely innovative in the late 1990s and early 2000s.

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***“The more benchmarking companies do, the more they look alike. The more that rivals outsource activities to efficient third parties, often the same ones, the more generic those activities become. As rivals imitate one another’s improvements in quality, cycle times, or supplier partnerships, strategies converge and competition becomes a series of races down identical paths that no one can win.”***

M. E. Porter, “What Is Strategy?” Harvard Business Review [31]

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By 2020, it was the floor rather than the ceiling. Every serious B2B vendor in every competitive category now

offers some variant of ROI calculator, TCO model, and value assessment frameworks. The buyer who requests a business case review will receive five of them from five vendors within the same week. Each one is professionally designed to favor the sponsoring vendor and expresses slightly different assumptions. The result is what might be called 'value justification fatigue'. Buyers who have been exposed to too many competing ROI models become appropriately skeptical of all of them, and the Metrics conversation that was once a differentiator has become a commodity checkbox reviewed with a jaundiced eye.

M.E. Porter anticipated this dynamic in his analysis of competitive strategy. In the Metrics context, every vendor running the same ROI playbook is the sales-cycle expression of exactly that convergence.

There is also a temporal problem. MEDDIC instructs sellers to validate Metrics with the Economic Buyer. But as established above, the Economic Buyer rarely holds unilateral authority in modern buying committees, and the conversation in which Metrics are validated often occurs after the shortlist has already been set. A compelling ROI model presented to a buyer who has already ranked your competitor first functions as a retention mechanism, not a conversion mechanism. It may keep you in contention, but it rarely changes the fundamental outcome.

***Underlying each of the four MEDDIC failure points is a deeper problem: the cumulative cognitive burden that the modern B2B buying experience places on buyers***

### **The Invisible Competitor: 'No Decision'**

MEDDIC was designed as a tool for competitive qualification. In order to identify whether a deal was real and whether it could be won against a defined set of alternatives. Its entire architecture assumes that the primary risk in any deal is losing to another vendor. In this framing, rigorous qualification, such as confirming Metrics, validating the Champion, and mapping the Decision Process, reduces the probability of wasted cycles on unwinnable deals.

What MEDDIC fails to address, and has no framework for, is the modern sales environment's most common outcome: the buyer choosing to do nothing at all. It reinforces the buyer's Status Quo Bias. A reflection of their rational, psychologically grounded preference to avoid the risks of change when the benefits of changing are insufficiently clear or insufficiently certain.

Porter's competitive forces framework offers useful grounding here. Among the substitutes that threaten any industry's product, he includes the option of inaction itself: "It is a substitute to do without, to purchase a used product rather than a new one, or to do it yourself" [32]. In B2B purchasing, doing nothing is always on the table as an alternative, and it becomes the dominant choice when the buying process generates more uncertainty than it resolves.

The potential for this outcome only increases as a cumulative effect takes hold when:

- the Decision Process is hidden.
- the sales rep is mapping a ghost.
- 'Identify Pain' arrives after the buyer has already self-diagnosed.
- the Champion is paralyzed by political risk.
- 'Metrics' are indistinguishable from competitors' models.
- It is not a loss to a competing vendor.

Corporate Visions' research identifies Status Quo Bias as the dominant competitive force in modern B2B purchasing decisions. They explicitly frame 'no decision' as the most common competitor sales teams face [9]. Forrester's State of Business Buying data confirms the scale of the problem, reporting 86% of B2B purchases stall during the buying process [9]. This is not a pipeline hygiene problem. It is a structural consequence of a qualification framework designed for a two-horse race, now operating in an environment where the dominant outcome is that neither horse finishes.

## The Cognitive Load Crisis

Underlying each of the four MEDDIC failure points is a deeper problem: the cumulative cognitive burden that



the modern B2B buying experience places on buyers, and the specific ways in which traditional discovery methodology makes that burden worse rather than better.

Consider the experience of a modern B2B buyer. They arrive at the evaluation phase having already invested significant time and cognitive effort in independent research. They have read reviews, analyzed content, created LLM-assisted comparisons, and built internal alignment through informal discussion channels. Buyers enter the formal vendor engagement process having formed strong views and, in most cases, having already ranked their preferred vendors. They are then subjected, by each vendor in sequence, to a structured discovery process designed to surface any pain they may have already identified and to map the decision journey they have largely already navigated.

MEDDIC's interrogative discovery approach, a sequence of diagnostic questions designed to surface pain, map the process, and validate the budget, was designed for a buyer who needed guidance. It was not designed for a buyer who arrives already educated and seeks validation, not education. When such a buyer is subjected to standard MEDDIC discovery questioning, the implicit message is that the rep has not done their research, does not know where the buyer is in their journey, and is starting from first principles, even though the buyer expected a more sophisti-



cated conversation. This is not a minor friction. Research on B2B buyer-seller alignment confirms that in lost deals, seller-buyer alignment on the core problem definition plummets to just 23%, compared to 45% in won deals [9]. The gap between what buyers believe sellers should already understand and what sellers are actually asking about in discovery is a direct contributor to this misalignment.

The resulting emotional state for buyers is a form of cognitive dissonance. They have done the work. They believe they understand the problem. They have preferences. And yet they are being asked to start over in a process that was not designed for them. Corporate Visions' research documents the prevalence of buyer anxiety and post-purchase cognitive dissonance in B2B purchases, including purchase regret. Over 81% of buyers report dissatisfaction with their chosen provider even after purchase [9]. Much of this dissatisfaction stems from a sales process that failed to meet buyers where they were in their journey.

The statistical consequence of this dynamic is staggering in its scope. Forrester's State of Business Buying data shows that 86% of B2B purchases stall at some point in the buying process [9]. The most common cause is not competitive loss. It is decision paralysis. The buyer's rational response to a process that has generated more uncertainty and cognitive load than it has resolved. When faced with a complex decision under conditions of high uncertainty and conflicting vendor claims, the psychologically safest option is often to do nothing. For buyers whose organizations have survived without the proposed solution so far, the cost of inaction feels more manageable than the risk of a poor purchase decision.

This is the environment in which MEDDIC's interrogative discovery approach now operates. And it is an environment to which that approach was never de-

***The typical buyer today arrives informed, partially committed, and operating within a committee structure designed to distribute both authority and risk across as many stakeholders as possible.***

signed to adapt.

## The Fault Lines, Exposed

The three seismic shifts described in this part (information democratization, committee expansion, emergence of the Dark Funnel) did not break MEDDIC. They exposed the fault lines that have always been present in a framework calibrated to a specific set of historical conditions that no longer reliably hold.

MEDDIC's architects built something that was genuinely excellent for its era. The rigor it demanded, the discipline it instilled, and the language it gave sales organizations for deal inspection remain valuable. What has expired is not the methodology's internal logic, but the external conditions it was written to describe.

The buyer MEDDIC assumed is no longer the typical buyer in a mid-market or commercial SaaS context. That buyer from the past:

- needed education.
- followed a linear decision process.
- deferred to a single economic authority.
- was open to having their pain identified and quantified by a vendor.

The typical buyer today arrives informed, partially committed, and operating within a committee structure designed to distribute both authority and risk across as many stakeholders as possible.

Before proposing what a revised framework must look like, it is worth understanding in more detail the hidden decision process that has replaced the visible one MEDDIC was designed to map. That is the subject of Part 3.

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